DORSET COUNTY COUNCIL

ANNUAL REPORT

of the

County School Medical Officer

for the year

1948

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

This report relates to my first year in office as County School Medical Officer. It will be noted that, in order to meet the demand for more detailed information, which it was not possible to include in previous reports owing to war-time restrictions, the layout has been entirely revised. The opportunity has also been taken to adopt the traditional pre-war size.

The most important event of the year was, of course, the coming into force of the National Health Service Act on the 5th July. The chief effect of this Act on the school health service was the transfer of all forms of treatment, except that of minor ailments, to the Regional Hospital Board. In the main the transfer has worked smoothly, but since the Ophthalmic Services Committee of the Executive Council took over the function of providing spectacles they have been so overwhelmed with prescriptions from the general public that there has been a serious delay in supplying spectacles to school children. Some system of priority for children should be evolved, as any delay in the supply of glasses interferes with their education and retards their progress at school.

As the result of delay in the new salary scales for dental officers coming into operation, a very serious position has arisen. I refer to depletion of the dental staff who are leaving to take up more remunerative appointments in private practice, thus disrupting the dental facilities available to school children. Even though this question of remuneration be settled in the near future, it may take a long time before the work of supervision and providing conservative dental treatment will have reached the same level of efficiency which existed before. It is disturbing to contemplate that, in the meantime, dental deterioration is taking place when the school child should be receiving the highest priority in a national dental service.

In order to facilitate the work of the school dental service in rural areas, two dental caravans were purchased by the County Council. These are towed to the school, prior to dental inspection, by the school transport section. The dental officers are finding this extra provision of extreme value, particularly at the smaller schools where the facilities for dental inspection are inadequate.

During the year the child guidance service was expanded. Clinical supervision is normally carried out by a team of three, consisting of psychiatrist, educational psychologist and psychiatric social worker. It was agreed with the Regional Hospital Board that the services of a psychiatrist should be placed at the disposal of the County Council for this purpose, and although the psychiatric social worker was appointed by the County Council, difficulty was experienced in filling the vacancy of educational psychologist. Nevertheless, progress has been made to meet the considerable demand for this service, and I should like to place on record the extremely valuable work of the psychiatrist and psychiatric social worker who often carried out their duties under difficulties because of the absence of the third member of the team.

Full details of the school medical service are given under each section, and I wish to thank my deputy, Dr. J. L. Gilloran, who has played no small part in the compilation of this report. I also wish to express my appreciation for the loyal and willing support of the assistant school medical officers, dental officers, and the staff of the school health section.

A. A. LISNEY,

County School Medical Officer.

GENERAL STATISTICS

POPULATION OF THE COUNTY.

The population of Dorset as estimated by the Registrar-General in June, 1948, was 272,800. The Borough of Poole, with a population of 80,480, is an Excepted area under the Education Act of 1944. The South Dorset Divisional Executive, which consists of Weymouth, Portland and the surrounding rural district, has an estimated population of 46,809.

Number of Schools and Scholars.

At the end of 1948 there were 262 maintained schools in the County. The types of schools can be seen from the following Table:—

Type.	*Weymouth.*	*Poole.*	*County.*	*Total.*
Primary	26	22	181	229
Secondary Modern ...	4	6	6	16
Grammar	*2	2	13	17
	32	30	200	262

(* *Includes South Dorset Technical College*).

The average numbers of children on the school registers during the months of September, 1948, were as follows:—

Area.	*Primary.*	*Secondary Modern.*	*Grammar.*	*Total.*
County districts... ...	12,743	1,214	3,283	17,240
Poole Excepted Area ...	5,910	2,405	1,333	9,648
South Dorset Divisional Executive	3,819	856	*1,035	5,710
	22,472	4,475	5,651	32,598

(* *Includes South Dorset Technical College*).

STAFF OF THE SCHOOL HEALTH SERVICE.

At the end of the year, the following professional staff were employed in the School Health Service:—

School Medical Officer.

LISNEY, ARTHUR A., M.A., M.D., D.P.H. (*County Medical Officer of Health*) (Commenced 6/7/48).

Deputy School Medical Officer.

GILLORAN, JAMES L., M.B., CH.B., D.P.H. (*Deputy County Medical Officer of Health*) (Commenced 1/9/48).

Assistant School Medical Officers.

EVANS, LEONORA S., M.R.C.S., L.R.C.P., D.P.H.
BLAKER, PERCY S., M.R.C.P., M.R.C.S., D.P.H.
SCOTT, GILBERT B., D.S.O., M.R.C.S., L.R.C.P.
ARMIT, ADAM, M.B., CH.B., D.P.H.
O'KEEFFE, EDWARD J., M.R.C.S., L.R.C.P., D.P.H.
PEARSON, NOEL F., M.R.C.S., L.R.C.P., D.P.H. (Commenced 1/1/48).

Senior Dental Officer.

PRETTY, PHILIP J., L.D.S.

Assistant School Dental Officers.

BRADLEY, STANLEY D., L.D.S.
HODGES, WILLIAM V. A., L.D.S.
MOON, H. I., L.D.S. (Commenced 23/2/48).
KINGHAM, ROY V., L.D.S.
HARDEN, BETTY E., L.D.S., B.CH.D. (Commenced 15/11/48).

The above officers are all employed full time in the service of the authority with the exception of Dr. Armit, Dr. O'Keeffe and Dr. Pearson, who are also employed by county district councils as district medical officers of health. Dr. Blaker and Dr. Scott devote the whole of their time to school health work. Dr. Evans devotes one-third of her time to school health work and two-thirds to maternity and child welfare.

The work of Dr. Gilloran is mainly concerned with the general administration of the service and the control of its special branches. He, like the district medical officers, has other duties in the public health service and only a portion of his time is allotted to school health work.

Consultant Psychiatrist.

RUSSELL, FENTON D., M.D., D.P.M., D.P.H.

Psychiatric Social Worker.

FILLITER, MISS ASTRID.

Superintendent Health Visitor.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitor.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

School Nurses.

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT.
O'BRYEN HODGE, MISS M., S.C.M., H.V.CERT.
JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.
KENNEDY, MISS G. E. M., S.R.N., S.C.M., H.V.CERT.
KEOHANE, MISS M. E., S.R.N., S.C.M., H.V.CERT.
HENNESSEY, MISS M., S.R.N., S.C.M., H.V.CERT.
MACK, MISS O., S.R.N., S.C.M., H.V.CERT.
HARWIN RICKETTS, MRS. M. V., S.R.N., S.C.M.
CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT.
WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.
CLACK, MISS K. D., S.R.N., S.C.M., H.V.CERT.
MASTERS, MISS E. S., S.R.N., S.C.M., H.V.CERT. (Commenced 20/8/48).
BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT. (Commenced 1/12/48).
FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT. (Commenced 20/9/48).
MYLES, MRS. S.R.N. (Blandford Clinic Sister).
BURNETT, MISS F. M., S.R.N., S.C.M. (Dorchester Clinic Sister).

Dental Attendants.

ORME, MISS D.
KERSHAW, MISS P.
MCKINNON, MRS. L.
HICKS, MISS P. (Commenced 5/4/48).
GRANT, MRS. O. (Commenced 15/11/48).

Orthopaedic Sister.

MORRIS, MISS J. M., M.C.S.P. (Transferred to Regional Hospital Board on 5/7/48).

Speech Therapist.

O'DRISCOLL, MISS N. M., L.C.S.T.

Poole Excepted Area.

School Medical Officer.

CHESNEY, GEORGE, M.B., B.CH., B.A.O., D.P.H.

Deputy School Medical Officer.

SINCLAIR, JAMES A., M.B., B.CH., D.P.H.

Assistant School Medical Officer.

MCKENZIE, ALISTAIR C., M.D., B.CH., D.P.H.

Dental Surgeons.

HYLAND, KENNETH G., L.D.S. (Senior Divisional Dental Officer).
RIMMER WILLIAM K., L.D.S.
ALLEN, ROBERT, L.D.S.

Superintendent Health Visitor and School Nurse.

KINGSBURY, MISS M. M., S.R.N., S.C.M., A.R.SAN.I., H.V.CERT.

School Nurses.

STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.
KOSTER, MISS I., S.R.N., S.C.M., H.V.CERT.
PHILLIPS, MISS M., S.R.N., S.C.M., H.V.CERT.
KUSEL, MISS V., S.R.N., S.C.M., H.V.CERT.
LEVER, MISS L. B., S.R.N., S.C.M., R.F.N.
NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.
BROOKS, MISS H., S.R.N., S.C.M., H.V.CERT.
MORRIS, MISS M., S.R.N., S.C.M., H.V.CERT. (Commenced 11/10/48).

Dental Attendants.

FORREST, MISS G.
NICHOLLS, MISS R.
MATTINSON, MRS. E. T. (Commenced 18/5/48).

South Dorset Divisional Executive.

School Medical Officer.

WALLACE, E. J. GORDON, M.B., CH.B., D.P.H.

Assistant School Medical Officers.

WARD, CHARLOTTE A. G., M.B., B.S., M.R.C.S., L.R.C.P.
LAWRENCE, IRA B., B.SC., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H. (Commenced 6/12/48).

School Dental Officer.

HOOKER, M. LINTON, L.D.S.

School Nurses.

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.
SUNDERLAND, MISS D., R.S.C.N., S.R.N., S.C.M., H.V.CERT.
RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.
TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT.

Assistants to School Nurses.

HINCHCLIFFE, MISS M.
BROWN, MISS M.

Dental Attendant.

KITCHEN, MRS. M. E.

CO-ORDINATION.

The efficiency of the School Health Service has been well maintained by careful co-ordination between the various branches of the health service.

This co-ordination is particularly valuable in the close liaison which exists between the County Medical Officer, who is also School Medical Officer, and the medical officers of health of the Boroughs of Poole and Weymouth, who are, respectively, the school medical officers of the Poole Excepted Area and the South Dorset Divisional Executive.

The school health service and the maternity and child welfare services are closely linked, the medical and health visiting staff being concerned in all branches of the work, with the result that complete supervision of all children is achieved in infancy, in pre-school life and throughout their school career.

It is anticipated that this link will, in future, be an even closer one as, with the expansion of the health visiting service, the health visitors will also act as school nurses. Parents are encouraged to bring their children to the welfare centres and every child is visited regularly from birth until school age is reached. When a child commences attending school, full particulars of his early medical history are transferred to the school health section and should be of value to the school medical officers at the school entrant medical examination.

That the district medical officers of health also act as assistant school medical officers for their districts allows of close co-ordination between the School Health Service and the other environmental health services.

MEDICAL INSPECTION.

In addition to the medical inspection of children at the ages scheduled in the Handicapped Pupils and School Health Service Regulations, 1945, every child has a vision test at the age of 8 years. This is a continuation of the former procedure in the County and does not apply to the Poole Excepted Area or the South Dorset Divisional Executive.

At each visit to the school, the medical officer sees all children who are under observation on account of some defect noted at previous routine and special inspections.

A record of each examination is entered on the Ministry of Education Form 10M, together with the results of treatment or the progress, in the case of those under observation.

In addition to sessions at the schools for routine and special examinations, the assistant medical officers also undertake special home visits in connection with the grading of mentally and physically defective children.

The provision, in the modern schools, of a medical inspection room where a certain amount of peace and quiet can be obtained for medical examinations is a great help to medical officers. The lack of such facilities, particularly in the rural schools, sometimes leads to a disruption of the school routine when a medical examination is in progress and, as a consequence, the inspections are not always popular with the teachers.

The total number of children examined in the scheduled age groups at routine inspections in the schools was 9,391. 563 other periodical inspections were made and a total of 3,347 children were seen at special inspections. There were 3,183 re-inspections of school children.

FINDINGS OF MEDICAL INSPECTION.

(a) *Uncleanliness.*

Cleanliness inspections, for the purpose of which schools are visited at regular intervals and all the children carefully examined, are part of the routine duties of the school nurses. During the year a total of 91,222 examinations were made and 1,013 children were discovered to be unclean.

These figures may appear to be high, but they include a number of children with only a few nits, together with dirty and verminous cases.

A total of 519 cases of dirty or verminous children were excluded from school during the year.

Verminous conditions are, of course, more a family than a school problem being closely related to overcrowding and bad housing conditions. In this connection, the co-ordination between the education authority and the district sanitary authorities is valuable, as the former authority is only concerned with children attending school.

(b) *General Condition.*

A record of the general condition of each child examined at routine medical inspection is made on the child's medical record card, the children being classified according to the recommendations of the Ministry of Education. The three groups comprise 'A' Good, 'B' Fair, and 'C' Poor.

The number of children examined and classified appears in Table IIB in the Appendix of this report. The percentages in the various categories were 'Good' 48.15, 'Fair' 49.28, and 'Poor' 2.57.

As this is a new system of classification introduced in 1947, it is not possible to make any comparison with earlier years.

(c) *Minor Ailments.*

Many cases of this description are brought to our notice by the teachers, nurses and school attendance officers. They comprise minor injuries, bruises, sores, various skin conditions, and eye and ear defects, and are treated at the school clinics or by their own doctors.

In the most rural parts of the County, these cases are either dealt with by their own doctors or the district nurses.

During the year 21,210 attendances were made at minor ailments clinics compared with 18,728 in 1947.

(d) *Tonsils and Adenoids.*

The school medical officers noted 343 cases requiring treatment for some condition of the nose and throat. In addition 321 children were reported as having a defect requiring to be kept under observation. Thus during routine examinations, 664 cases or 7% of the total number seen at the periodic inspections were reported as having some defect of the nose and throat.

(e) *Respiratory Diseases.*

Eighty-one cases of defects of the lungs were discovered during routine inspections and 14 at special inspections; 28 of these were found to require treatment and 67 were kept under observation.

(f) *Vision.*

At periodic and special inspections 89 cases of squint were found to require treatment and 16 children had slight squints requiring to be kept under observation. Other defects of vision requiring treatment numbered 706 and in addition 94 cases were reported as having some refractive errors requiring to be kept under observation.

(g) *External Eye Disease.*

During the year 316 cases of external eye disease were referred for treatment.

(h) *Ear Disease and Hearing.*

The number of children referred for treatment under this heading was 103, 37 cases being reported from routine and 66 from special inspections. In addition, 20 children were kept under observation on account of hearing defects.

These 123 cases include 16 children with defective hearing, 76 suffering from otitis media and 31 classified as other diseases of the ear.

(i) *Dental Defects.*

As regular routine visits by the school dental officers were possible throughout the year, it was only necessary to record very urgent cases at school medical inspections. These were immediately referred to the dental staff.

INFECTIOUS DISEASE.

The year 1948 was remarkable for the low incidence of infectious diseases among the school population and no schools had to be closed on this account.

A summary of the exclusion certificates issued to schools outside the Poole Excepted Area and the South Dorset Divisional Executive during the year is as follows:—

Disease.	*Sick.*	*Contacts.*
Chicken Pox	379	2
Coughs and Colds	117	—
Conjunctivitis	19	7
German Measles ...	11	—
Influenza	4	—
Measles	311	23
Mumps	262	1
Scarlet Fever	47	23
Sore Throats	11	—
Whooping Cough	330	16
Other Diseases ...	83	12
Impetigo	107	—
Ringworm	17	—
Scabies	38	—
Verminous Conditions ...	168	—
	1,904	84

No. of schools affected ... 148

DIPHTHERIA IMMUNISATION.

The number of children in the County of school age who had completed a course of immunisation at any time before the end of 1948 amounted to 31,182.

It is advisable for children who have been immunised in infancy to have a reinforcing or 'booster' injection when they commence their school life in order to ensure that they have the maximum protection. A further injection five years or so later will 'make assurance double sure'.

FOLLOWING-UP.

When children at school medical inspections are found to be suffering from defects which require treatment, the school medical officers advise parents to consult their own doctors, or to allow their children to receive the necessary treatment through the medium of the School Health Service.

Where parents take no notice of such advice, the school nurse visits the homes to explain to the parents the necessity for having their child treated. The nurse may also visit the homes of children who are being treated, in order to ascertain progress.

Cleanliness inspections are undertaken by the school nurses who visit each school at least once every quarter for this purpose. Following-up visits are then made to the homes of children found to be unclean in order to advise and help the parents. Such visits are continued until the child is quite clean and the parents understand the precautions necessary to prevent recurrence.

The value of such inspections depends largely upon the system of following-up by the school nurses and with the co-operation of most parents the majority of children receive the necessary treatment. A minority of parents for one reason or another do refuse to accept the treatment offered. If the defect is serious and the child likely to suffer from lack of treatment, further action is taken by the education authority or by the N.S.P.C.C.

For the purpose of following up, 1,198 visits were made by the school nurses during the year.

MEDICAL TREATMENT.

(a) *The National Health Service Act*, 1946.

The advent of this Act on the 5th July, 1948, was followed by Circular 179 of the Ministry of Education which, so far as medical treatment is concerned, leaves no room for doubt. The effect of paragraphs 2, 4, 5 and 6 of that Circular is to place all important treatment of school children within the ambit of the National Health Service Act; that is, of course, through the operations of the regional hospital boards. All that is really left to education authorities is the provision of treatment for minor ailments, the dental service and other matters such as child guidance and speech therapy. Thus, the treatment side of the school medical service has been largely transferred from the education authorities to the regional hospital boards. The loss would not be serious if it were possible to keep in touch, through the hospital authorities, with the treatment provided and the advice recommended whilst the child is in hospital or attending as an out-patient. The child's school medical record card should be kept up-to-date with the important medical matters in his life so that, should he later require treatment at a hospital clinic elsewhere, the essential medical information can easily be made available.

Leaving aside the question of future medical attention, there can be no doubt of the value of this information to the school medical officer especially in a county where distances between the home of the school child and the hospital are such as to rule out effective after-care and control by the hospital.

Efforts are being made to obtain this information from the hospital authorities in Dorset. Those hospitals which do notify admissions and discharges of school children seldom do more than state the diagnosis, and only rarely is the school medical officer advised of any further treatment required, or of recommendations by a specialist. Many practitioners are, of course, now referring children of school age direct to hospitals and specialists, and, without the co-operation of the hospitals in this respect, no information is available for the assistant school medical officer who, at future medical inspections, has to meet parents and teachers without the essential information which he has hitherto possessed, enabling him to give useful advice.

(b) *Minor Ailments.*

The treatment of minor ailments has been continued throughout the year at the various clinics in the County. The table gives the days and times of the ordinary sessions and of those attended by a school medical officer:—

Minor Ailments Clinics.

Centre.	*Address.*	*Open on.*	*Times.*	*Doctor in attendance.*
Blandford	Castleman House, Salisbury Street.	Tuesday and Friday.	10 a.m.	No.
Dorchester	County Clinic, Glyde Path Road.	Tuesday	2 p.m.	On call.
		Thursday	10 a.m.	On call.
Poole	Old Council Buildings, Market Street.	Daily	9 a.m.	Mon. and Thurs.
	Old Council Buildings, Shillito Road.	Daily	9 a.m.	Tues. and Fri.
	Broadstone Women's Institute.	Thursday	9.30 a.m.	Thursday.
	Hamworthy School	Monday, Tuesday and Friday.	9 a.m.	Tuesday.
	Henry Harbin School	Thursday	9 a.m.	Thursday.
	Kemp Welch School	Monday and Friday	9 a.m.	Monday.
Portland	Easton Methodist Hall, Easton.	Daily	2 p.m.	Friday.
	Fortuneswell Methodist Hall, Fortuneswell.	Daily	2 p.m.	Tuesday.
Shaftesbury	Minor Ailments Clinic, Secondary Modern School.	Monday	9 a.m.	Monday.
Weymouth	Health Centre, Westham Road.	Daily	9 a.m.	Mon. and Thurs.
	Wyke Regis School Hut, Wyke Regis.	Daily	2 p.m.	Thursday.

(c) *Defects of Nose and Throat.*

Altogether 616 children received operative treatment to the nose and throat during the year and of this number 593 operations were for adenoids and chronic tonsillitis, and 23 were for other nose and throat conditions. A further 238 children received other forms of treatment. The number receiving operative and other treatment during 1947 was 624.

(d) *Tuberculosis.*

Children in whom any sign of tuberculosis is detected at school medical inspections are immediately referred to Dr. Crawley who, until the 5th July, 1948, was Tuberculosis Officer to the County Council. Dr. Crawley is now consultant chest physician to the Regional Hospital Board, but he continues to maintain a close liaison with the School Health Service so that no delay or difficulty is experienced in obtaining his opinion upon suspicious cases.

The actual treatment of tuberculosis is now the concern of the Regional Hospital Board, whilst the prevention of the disease and the after-care of patients is the responsibility of the County Council under Section 28 of the National Health Service Act, 1946.

(e) *Skin Diseases.*

Treatment of the minor diseases of the skin continues to be provided at the minor ailments clinics. Where, as frequently occurs in a rural area, regular attendance at the clinic is not possible cases are referred to their private practitioners.

The most common skin disease treated in 1948 was impetigo, of which 168 cases were treated at minor ailments clinics.

The number of scabies cases treated at the clinics during the year was 82 as compared with 109 in 1947.

In addition 110 cases of other diseases of the skin, 38 cases of ringworm of the body and 15 cases of ringworm of the scalp were treated during the year, nine of the scalp ringworm cases receiving X-ray treatment.

This x-ray treatment of ringworm was formerly undertaken most satisfactorily by the education authority's Consultant—Mr. Malpas. It is now the concern of the Regional Hospital Board.

(f) *Ear Diseases and Defects.*

The County scheme in operation prior to the advent of the National Health Service Act enabled children requiring hospital treatment for diseases of the ear to be so treated at the expense of the Local Education Authority. Since 5th July the arrangements for such treatment are made by the Regional Hospital Board.

DENTAL TREATMENT.

The National Health Service Act, 1946, leaves the arrangements for the school dental service with the local education authorities. It was intended that school children, along with expectant and nursing mothers and children under five, should be regarded, and rightly so, as a priority class for dental treatment. This has not so far been achieved, and in fact school children are now receiving less in the way of dental treatment and supervision than before the Act came into operation.

The onus for providing dental treatment for school children remains with the local education authorities which, unfortunately, have been unable to provide sufficient dental staff to carry out this duty.

Members of the school dental service, already understaffed before July 5th, anticipated that their salaries and conditions of service would be brought into line with those provided for their colleagues in the general dental service. This adjustment has not yet taken place and school dental officers, numbers of them after many years of excellent service in school dentistry which has been their life work, are now departing to join the general dental service in which they are certain of remuneration in keeping with their professional training and ability.

So far as our county of Dorset is concerned, the school dental service may have to be restricted to the Borough of Poole and the Dorchester area, and our hopes of establishing an effective dental service for expectant and nursing mothers and children under five are vanishing. At the end of the year out of a dental establishment of six in the county districts, three in Poole and one in Weymouth, five remained in the County and the boroughs were unaffected. Now, as this report goes to print, the position is as follows:—

	Establishment.	*Actual— September*, 1949.
County Area	7	2
Poole Excepted District	3	2
South Dorset Divisional Area ...	2	0

The work in the County outside the Poole and South Dorset areas is reported upon as follows by the Senior Dental Officer, Mr. P. J. Pretty:—

The School Dental Service, 1948.

'The staff of the County area was increased at the end of the year to six dental officers, but the total school population was increased by the raising of the school leaving age from 14 *to* 15. *The extra work involved is not cancelled out by the staff increase as the older children require more conservative treatment than those in the lower age groups.*

'The raising of the school leaving age has also had the effect of restricting and, in many instances, eliminating the accommodation available for treatment to be carried out on the school premises. This has been partially overcome by the purchase of two dental trailer caravans which have been in constant use since delivery.

'It has not been possible for the whole of the school population to be inspected during the year, and an increase in staff will be necessary if the intervals between visits are to be reduced to not more than one year. In view of the uncertainty of the future of the School Dental Service there will probably be a considerable reduction in the number of dental officers, and this, of course, will create a further delay.

'Orthodontic treatment is still only carried out in the rural areas to a limited degree, most of these patients being referred to the general dental service, but more of this treatment has been undertaken by the County dental staff than in former years.

'The National Health Service Act, which came into force on July 5*th, has not decreased the acceptance rate for treatment in the school service, as might have been expected, but there has been an average increase of* 1.3% *above the previous year. As there has been a considerably higher demand for treatment by adults in the general dental service since July* 5*th, practitioners are reluctant to treat children who are eligible for treatment by the school dental officers and therefore refer these children to the school clinics whenever possible.'*

OPHTHALMIC TREATMENT.

Ascertainment of defective vision.

The arrangements for a vision test of every child in the county, excluding the divisional areas, at the age of eight years have been continued. Special sight testing sessions are also undertaken by Dr. Scott, an assistant school medical officer, with special experience in refraction. Until 5th July weekly clinics were held in Dorchester and Weymouth by Mr. Colley, F.R.C.S., and in Poole by Mr. Bowes, D.O.M.S. These arrangements are being continued under the aegis of the Regional Hospital Board.

The inauguration of the ophthalmic services of the National Health Service Act produced a multiplicity of instructions and forms, one of the latter being the key form O.S.C.2. On this form the space provided for the specialist's remarks measures exactly 3 in. x $\frac{1}{2}$ in. How the extensive instructions which school medical officers have been accustomed to expect from eye specialists can be compressed into such a space, I cannot understand. From the school health viewpoint these instructions are of great importance as they include recommendations as to limitation of school work in cases of high myopia—no fine sewing, no music, advice as to the advisability of avoiding eyestrain in the preparation for examinations, as to the choice of a career, as to the dates of future re-examinations and so on. The forms O.S.C.2, of course, go to the Ophthalmic Committee of the Executive Council and not to the school medical officer, so that even if space was provided for the specialist's recommendations they would still not reach the only person who can take action to control the work of the child at school. This question has been overcome in a most satisfactory manner in the West Dorset Hospital group area through the co-operation of Mr. Colley, who sends me a slip giving details of his examination of every school child referred to him. It is hoped that similar arrangements may be possible in the other areas of the County.

Provision of Spectacles.

The introduction of the ophthalmic services of the National Health Service Act completely altered the arrangements whereby spectacles were provided for school children. After 5th July the provision of spectacles became the responsiblity of the Ophthalmic Committee of the Executive Council. The tremendous demand for free spectacles under the National Health Service Act has resulted in a shortage of supplies and along with other members of the community, school children now have to wait several months before obtaining spectacles. Because of this delay complaints are being received from teachers and parents, but so far there has been no suggestion of any system of priority for school children being introduced. It would seem reasonable that some such action should be taken. To no other section of the population is the provision of spectacles so important as children at school. Defective eyesight can be an extremely serious handicap to a school child and may adversely influence its whole life. In this county the local ophthalmic committee have been very helpful in stimulating opticians to expedite the delay of spectacles in urgent cases to which their attention has been drawn by the School Health department. During 1948, spectacles were prescribed for 1,378 children and by the end of the year 453 had been obtained.

Other eye diseases.

Minor conditions of the eyes may be treated at minor ailments clinics but generally speaking diseases of the eye are referred to the child's private practitioner.

ORTHOPAEDIC TREATMENT.

Orthopaedic Clinics.

Although Dorset is included in the South-West Metropolitan Regional Hospital Board area, so far as the orthopaedic arrangements are concerned the South-West Regional Hospital Board have temporarily agreed to continue the service provided by the Bath and Wessex Hospital prior to 5th July. This means that except in the Borough of Poole the clinics are conducted as before by Miss Forrester Brown, M.S., M.D.

It is hoped that in the future the South-West Metropolitan Regional Hospital Board will be able to provide an orthopaedic unit for Dorset.

The number of children attending the orthopaedic clinics in the county has continued to increase during the year. The surgeon's clinics are held each month at Dorchester, and every three months at Bridport, Sherborne, Shaftesbury, Wimborne and Weymouth. More frequent regular clinics are held by the orthopaedic physiotherapist in these towns and also at Gillingham, Blandford, Wareham, Swanage and Portland.

On the whole the standard of attendances is very good. One of the most important functions of the intermediate clinics is teaching home exercises to the children. Demonstrations of the exercises are given to the patients and to their parents, together with instructions regarding the application and the care of night splints and walking irons. Splints of all kinds are fitted at the clinic after careful measurements have been taken and splints of plaster and plastic materials made.

Minor defects, such as flat feet, knock knees and poor posture are dealt with individually at the clinic, but as they improve the majority are referred to the remedial exercise classes in the schools. These classes are of great benefit to the children as frequent absence from school is avoided and they are given their exercises in the form of class work. The orthopaedic clinic also benefits by the reduction in the number of minor defects attending at each session and the waiting list is correspondingly shorter.

REMEDIAL EXERCISES.

With the resignation of Miss Green, on 22nd May, 1948, the active advancement of remedial exercise classes lapsed for a period. At the end of the year Miss H. M. Sebestyen was appointed as Remedial Exercise Organiser, and it is confidently anticipated that 1949 will see another stride forward in this important work which is of such benefit to so many children.

SPEECH THERAPY.

Miss O'Driscoll, the county speech therapist, reports upon the work during the year as follows:—

'The speech clinic may now be said to be well established. Treatment is offered at Poole, Weymouth, Dorchester, Blandford, Bridport, Wareham, Sherborne and Shaftesbury.

'Any type of speech defect is accepted for treatment from purely organic cases, such as cleft palate to purely functional cases, such as stammering. The response of both teachers and parents has been excellent and more requests for treatment come in than can be dealt with. It is hoped to appoint an assistant speech therapist in the near future and so reduce the size of the waiting list.

'Perhaps the best way to give a picture of the work done is to describe an average treatment session.

'The speech clinic is in session at a large secondary modern school. The first to attend are a group of boy stammerers ranging from 12-14. Some come from the school in which the session is held, others from other schools in the area. They have a period of muscular relaxation and rest (essential, as stammerers are always over excitable) followed by speech training, giving practise in situations which they find difficult and so building up their confidence. A favourite exercise is a "quiz", and this is valuable because most stammerers have a bad spasm if required to answer a question. The next patient is a fifteen-year-old girl who is given individual treatment.

'The junior stammerers aged 7-10 years are rather noisy and talkative. "Please, miss, can we act Red Riding Hood and the Wolf!" They act the scene without any sign of a stammer. Then comes a solemn person of six with his mother. When he arrived first his speech was unintelligible because so many of the sounds were either missing or defective (e.g. "s" was pronounced as "t"). He is, however, intelligent and his mother capable and conscientious about his daily practise so he is doing very well.

'Then comes one who is not doing so well, a pathetic little girl born with a complete cleft of hard and soft palate. The surgeon has done all that can be done, but the soft palate is very short and stiff. She cannot close the gap between mouth and nose, and the curious hissing heard when she speaks is the result. She has breathing and blowing exercises to strengthen what muscle she has and the rest of her treatment period is devoted to attempts to teach her how, handicapped as she is, to produce a recognisable "t".

'The last patient is an unusual case. He was referred for stammering, but in the course of the interview his mother reported that his arithmetic was so bad that it was causing him anxiety. Therefore, on the principle of treating the cause, part of his treatment period is occupied in disentangling the mysteries of "money sums".

'Before this report closes, two classes of people whose help has been essential must be mentioned. Firstly, the mothers who have to bring their children to clinic weekly over a very long period, sometimes travell ng long distances; in addition, they may have to supervise a daily practise period, as without this regular work a weekly treatment can do little. They assume this extra responsibility without complaint and carry it most efficiently.

'Secondly, I must mention the drivers of the hospital car service. Dorset is a county of small communities and the 'bus and train services only follow the main lines of communication. Every effort is made to use public transport, for instance, clinics are whenever possible held on market day, because then the 'bus service is more frequent. But without the hospital car service many children would be unable to avail themselves of the speech clinic.'

OPEN-AIR EDUCATION.

Although there are a number of children who would benefit from a stay at an open-air school, no such accommodation is provided in the county. The new schools, however, have all been constructed on open-air lines, providing for the free access of sunlight and fresh air essential to the health of all children.

For children found to be in a low state of health, suffering from anaemia, malnutrition or debility, or who are convalescing from illness, arrangements are made to admit them to open-air schools in other parts of the country. Children frequently show a tremendous improvement in both their mental and physical condition, even after a stay of only a few months at these schools, and after a period of recuperation many are able to return to ordinary school life.

CO-OPERATION OF PARENTS.

It is a pleasure to record that quite a number of parents willingly attend the routine medical examination of their children. Their attendance is particularly valuable where the younger children, the entrants and intermediate groups are concerned, as frequently the parent has to be depended upon for reliable information regarding the child's previous history.

The keenness of parents to discuss their children's condition with the medical officer reveals their appreciation of the value of school medical inspections and few nowadays object to whatever necessary treatment is recommended.

Although in the past children were occasionally referred, with their parents' consent, direct to specialists, the future policy is that parents will be advised to consult their private practitioner.

CO-OPERATION OF TEACHERS.

It gives me much pleasure to record my appreciation of the co-operation and assistance received from the teachers in supervising the health of the children. The teaching staff, particularly the head teacher, have an important part to play in the arrangements for school medical inspections; lists of names of children due for routine examinations have to be checked and names of children requiring special examination have to be submitted. The teachers can also be a great help to the medical officer at the actual inspection by ensuring a smooth organisation and arranging that the children are ready for examination when required. These arrangements function most smoothly in the new schools where separate medical inspection rooms are provided. This provision is a considerable help to the medical officer in his examination and it also ensures that there shall be little disturbance to the ordinary school routine.

In the smaller schools, although the medical officers try to avoid disturbing the school routine, some dislocation is certain to occur.

In completing certificates of exclusion from school for infectious diseases and in many other ways the teachers of the schools in the county greatly assist the work of my department and I should like to take this opportunity of thanking them for their help and co-operation.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Close co-operation has always been maintained between the school health department and the special services department which receives the reports of the school attendance officers. Instances of prolonged absence from school and cases of illness, physical or mental are discovered by the school attendance officers in the course of their duties and are duly reported. Where a medical question is involved the case is investigated by the school health department. Since the introduction of the National Health Service Act, school attendance officers have found their work complicated by the fact that medical practitioners need not give certificates of unfitness to attend school unless the parents are in danger of prosecution. Frequently the assistance of my department is requested and difficulties cleared up by consultation with private practitioners.

CO-OPERATION OF VOLUNTARY BODIES.

Various voluntary organisations render valuable help and co-operate fully in certain aspects of the work of the School Health Service.

In occasional instances despite every effort by the school medical staff, parents are unwilling to have essential urgent treatment carried out, and where this may cause unnecessary suffering to a child, or be a source of danger to health, the N.S.P.C.C. is often successful where other efforts have failed. The Society is particularly helpful in cases of child neglect. The N.S.P.C.C. can take legal action if necessary but is frequently successful in securing improved conditions for children without recourse to law.

The National Association for the Blind is of great assistance to children handicapped in this category.

The facilities for care and after-care provided by the County Council under Section 28 of the National Health Service Act, with the assistance of the British Red Cross Society, are also available to school children.

PROVISION OF MILK AND MEALS.

The number of schools providing milk for their pupils and the average number of school children having milk at school during the last three years was as follows:—

	1946	1947	1948
No. of schools providing milk ...	268	264	262
Average No. of children having milk	18,827	25,702	26,445

The grades of milk supplied during the same years were:—

	1946	1947	1948
Pasteurised	147	167	161
T.T.	60	60	70
Accredited	38	21	19
Ungraded	23	16	12

The steady improvement, whereby more and more schools are being provided with pasteurised and T.T. milk is largely due to the continuous efforts of the County Sanitary Officer. It is, however, a serious reflection upon the Dorset Health Service that schools continue to be supplied with ungraded milk. In certain rural areas extraordinary difficulty has been experienced in persuading producers of T.T. and pasteurised milk to supply small quantities to outlying schools. The matter is continuously under review and every effort is being made to ensure a full and safe supply to the schools. In the meantime it is felt that it is better that certain schools should be provided with accredited and even ungraded milk rather than with no milk at all.

The appended table shows the number of schools supplying mid-day meals during the last three years and the average number of children having school dinners:—

	1946	1947	1948
No. of schools supplying meals ...	230	235	258
Average No. of children having meals	15,776	16,065	19,672

HEALTH EDUCATION.

No comprehensive or uniform attempt at health education is yet being undertaken in our schools although no-one would deny the value of such health teaching. Ideally, the teacher should be the person to give instruction in simple health matters, the physical welfare of their pupils being part of the teacher's professional responsibility.

Such education for school children should unobtrusively include sex edu cation as a part of the general health instruction. It should explain the facts of reproduction in the course of instruction in human physiology and it should stress the importance of clean living and responsibility.

The co-operation of parents in the inculcation of good habits and healthy ways of life is most necessary. For this purpose the forging of links between school and home by parent-teacher associations and parents' clubs can be potent factors. The contacts made with parents at school medical inspections and at school clinics can be advanced by means of school exhibitions, demonstrations and special meetings.

Health education for children must be associated with other fundamental social improvements, such as the provision of sufficient suitable houses and the attainment of a good standard of domestic hygiene.

In this connection also the sanitation and amenities of schools and the standards of cleanliness maintained, particularly in the older schools, should be considered.

Health teaching should be an integral part in all aspects of the education provided for the youth of the country. It can be incorporated in the lessons in biology, domestic science, history and geography and health principles should be emphasized in physical education courses. The teaching of health can further be introduced in continuation classes, talks to youth clubs, juvenile organisations and community centres in addition to the schools.

PHYSICAL EDUCATION.

The County Physical Training Organisers, Miss H. Grimwood and Mr. J. Hayfield, report as follows:—

'GENERAL.

'During the year many school playgrounds have been re-surfaced and a number of halls have been hired for use by schools without indoor accommodation; these two factors have been of great importance in ensuring regular training in schools where previously bad weather often caused a break in the work.

Apparatus.

'Modern methods of physical education demand the use of all types of apparatus from the small (including balls, ropes, hoops, etc.) to the large climbing apparatus in primary schools, and the gymnastic apparatus in secondary schools. Some experimental climbing apparatus was made and distributed to certain primary schools in the county, whose teachers and children were keen to use it, and some valuable training was given. The very few gymnasia in the county provide ideal facilities, and portable apparatus is distributed where possible to secondary schools with no gymnasia.

Swimming.

'Swimming is not as extensive as it should be in a coastal county. There is no covered bath in the county and open-air baths exist only at Blandford and Shaftesbury; Gillingham Grammar School has its own bath, and two schools have limited use of three other private baths. All schools in these areas make good use of the facilities available for the very short session of approximately eight weeks. Swimming in the rivers at Dorchester, Sturminster Newton and Spettisbury has not been approved by the Medical Officer. Swimming was taken in the sea at Swanage, Charmouth, Lyme Regis and Weymouth.

Clothing and Footwear.

'Further progress was made with the provision of suitable kit and plimsolls. Most secondary schools were provided with shorts or knickers and a vest, and all secondary and some primary schools with plimsolls, according to conditions for storing and changing.

Storage.

'Storage remained a problem in schools with no changing room. For the first time provision was made in the estimates for storage accommodation for clothing and apparatus, and some cupboards and lockers were supplied. Plimsolls are often kept in a bag hanging in the class or cloak rooms, a string bag is advised as affording some air.

Physical Training for those who have left school.

'A few evening classes were held during the winter in dancing and other physical activities and most recognised youth clubs include one of these activities in their programmes.

Out-of-School Activities.

'There has been a marked increase in out-of-school activities, particularly inter-school sports and games. These activities are generally organised by voluntary associations of school teachers and they are to be commended for their work. The County School Camp at Carey, Wareham, attracted parties from schools and youth organisations and for most of the camping season it was filled to capacity.'

HANDICAPPED CHILDREN.

Physically Handicapped Children.

Although grouped under one heading in the regulations, these children are of many types and require a variety of educational provision depending largely on their medical condition.

The principal types are:—

(*a*) Children suffering from tuberculosis and requiring education while they are in a sanatorium, also those children suffering from other defects, such as orthopaedic, cardiac, ophthalmic and other medical or surgical conditions necessitating a long period in hospital and, therefore, absence from an ordinary school.

(*b*) Children who are not in need of hospital treatment but may not be able to attend school. They may be convalescent or crippled, and unable to attend a day school while living in their own homes.

(*c*) Other physically handicapped children may be able to attend school if transport is provided and a day special school is near at hand.

All children found to require special educational treatment as physically handicapped pupils should be sent to an appropriate school, and every effort is made by the special services department to ensure that this is done.

Blind and Partially Sighted Children.

It is estimated that there are not more than 1,200 educable children within this category in the whole country, and that being so it is evident that a small number of boarding schools conducted jointly by groups of authorities will suffice. Arrangements are made to send blind children to these schools.

Until recently, partially sighted children have been sent to boarding schools which have also been schools for the blind, but special schools for the partially sighted only are gradually coming into being. Those children who are least seriously affected are educated in ordinary classes in ordinary schools under careful supervision.

Deaf and Partially Deaf Children.

Treatment under this category is similar to that for the blind and partially sighted children, but the numbers are several times larger. It is estimated that the partially deaf comprise some 1 per 1,000 of registered pupils and about half of these should be educated in special schools.

Delicate Children.

Until now the open-air school has been the only method of providing special education for the delicate, but in the schools now being built the buildings are designed on hygienic open-air lines and with the general provision of milk and meals it will be found possible for a certain proportion of this category to continue in attendance there.

Diabetic Children.

Experience in providing for diabetic children is confined to the period since the war and no estimates of numbers are available. It is thought that a few hostels from which they can attend the ordinary schools in the neighbourhood should be established by the larger authorities, such hostels to be closely associated with the diabetic unit of a hospital.

Educationally Sub-normal Children.

Ascertainment.

A child may come to the notice of a medical officer at a routine school medical inspection as being in need of special educational treatment, by information received from the child's teacher or family doctor and, in some cases, by being referred for advice by the parent. Special surveys of the schools also provide useful information.

Provision for Educable Mentally Retarded Children.

It has been estimated that 10 per cent of registered pupils are educationally sub-normal.

Among the common causes of educational retardation other than limited ability, are late entry to school, undue pressure of home duties, frequent changes of school, disharmony between school and home, late hours, and maladjustment.

If these causes cannot be adjusted, special educational treatment is required. Some 80 to 90 per cent of educationally sub-normal pupils are suitable for special education in ordinary schools, usually primary and secondary modern schools. The balance of this category of pupils is dealt with by either special day schools or special residential schools.

Special residential schools are provided for those children who require for their own good to be taken away from home. Unsuitable homes, truancy, or serious mental retardation are the chief reasons for placing such children in these schools.

Special day schools provide appropriate educational treatment for those children who suffer from the more serious degrees of educational sub-normality, but yet do not require education in special boarding schools for the reasons set out above.

Provision for ineducable retarded children.

Mental welfare officers, who are not selected by academic qualifications alone, but also by their sympathetic approach to the problem created by this class of children, play a most important part and are an important link between the home and the local health authority.

Occupation centres are of great value, providing manual occupations suitable to the varying types of ineducable children, and making the most of their physical abilities. Among the occupations in which the children receive special tuition are shoe repairing, basket weaving, mat making, etc.

MALADJUSTED CHILDREN.

The large majority of these children attend the ordinary school during treatment, although there are a few who should be transferred either to another day school or a boarding school.

Special treatment is carried out at child guidance clinics and periods of individual tuition are recommended to enable the child to face with renewed self-confidence the classroom situation in which he has formerly failed.

Such tuition should be given once a week and sometimes oftener for varying periods, and after the process of rehabilitation has stabilized it is quite possible for the child's own teacher to carry it to a successful conclusion.

In Dorset, child guidance clinics are held regularly at Poole, Dorchester, Weymouth, Bridport and Shaftesbury. During the year 88 cases have been seen and 87 parents have been interviewed by Dr. Fenton Russell, the County Psychiatrist.

As yet we have not been successful in obtaining an educational psychologist, but Dr. Fenton Russell has been able to compensate for this to some extent by himself carrying out the duties of an educational psychologist along with his own work.

The County Psychiatrist reports that as we are still without an educational psychologist, it is not possible to obtain the special coaching which is required for some backward children to help them over their special difficulties. Further, the intelligence testing has to be done by Dr. Fenton Russell in his clinic interviews with the children instead of being done beforehand by the educational psychologist, whose report would be available to the psychiatrist together with the psychiatric social worker's report on the home environment.

Play therapy is not at present available, as there are neither the facilities nor the time for this valuable adjunct to treatment, but it is to be hoped that at some future date we may have a centre specially adapted for this purpose, where the proper atmosphere can be created by cheerful decoration and pictures, and where material for play and testing can be kept permanently. At present the only toys we have are a few small dolls and animals and a few picture books, which are carried around by the psychiatric social worker.

The difficulty of obtaining vacancies for children who are in need of convalescence, or of treatment in special residential schools, seems to be a serious handicap, and it would be a great advantage if such accommodation could be increased. In many cases which are referred to the child guidance clinics little can be achieved by treatment until some remedy is found for the bad and overcrowded conditions in which some children are living at home; especially where growing children are forced to share bedrooms and even beds with their parents.

CONCLUSION.

The staffs of child guidance centres and clinics, speech therapists, the non-teaching staffs of hospitals, boarding schools and hostels, parents and foster-parents all have a part to play, and everything possible is done to equip these unfortunate handicapped children to take their places as responsible members of the community.

STATISTICS.

Details of handicapped children examined and placed in the various categories during 1948:—

Blind	Nil
Partially Blind	Nil
Deaf	3
Partially Deaf	1
Delicate	13
Diabetic	3
Educationally Sub-normal	*129
Epileptic	2
Maladjusted	19
Physically Handicapped	12
	182

(* *recommended for education in a special school*—29;
recommended for special educational treatment in an ordinary school—100).

JUVENILE DELINQUENCY.

Reports to Juvenile Courts.

Prior to the attendance of children at juvenile courts, they are medically examined and a special report is made giving details of any defects—physical or mental—which are found, and any important family history or other details affecting the welfare of the child.

During the year 90 such reports were issued in the county.

Co-operation of Probation Officer.

It is with much pleasure that I place on record my appreciation of the assistance given to this department by Mr. J. W. Birch, Senior Probation Officer, and his staff. As in previous years, his advice, special reports and ready action, have often been of the greatest help in bringing various problems to a satisfactory conclusion thus preventing the need for formal action in many cases.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Youth Employment Service.

During the year under review, plans have been drawn up for the establishment of a Youth Employment Service for the whole county with committees and youth employment bureaux in south, east and north Dorset, and it is hoped that the scheme will be operating during 1949.

The functions assigned to the committees are as follows:—

(*a*) To acquire a knowledge of industry in their area particularly in respect of opportunities for juveniles.

(*b*) To give all assistance to the youth employment officer in such matters as conditions of employment of juveniles in their areas, both in general and in relation to any particular industry or establishment.

(*c*) To collaborate in efforts to improve conditions where necessary.

(*d*) To make suggestions to the education authority whereby the youth employment service may be improved or extended.

(*e*) To associate themselves with the activities of the service in the matter of school talks, film displays, and school journeys, etc.

(*f*) To carry out any other duties as requested by the education authority.

Arrangements will be made for close liaison between the Regional Controller of the Ministry of Labour and National Service, H.M. Inspector of Schools and the managers of the appropriate labour exchanges. Committees will meet not less than four times a year.

This service will ensure that boys and girls about to leave school will be given an opportunity of receiving information and advice with regard to the choice of suitable employment by enlisting the co-operation of teachers, distributing pamphlets and by school talks, etc.

Handicapped pupils will receive special consideration and reports will be sent to the Youth Employment Officer who will make every endeavour to place the disabled young people in employment suitable to their capabilities.

The School Health Service will have an important part to play in the administration of this Service, especially with the transfer of records and information, and all facilities will be available to assist in the efficient operation of the Youth Employment Service.

Employment of Children.

Byelaws with respect to the employment of children, and street trading by young persons under the age of 18 years were drawn up during the year and it is expected that these will come into force during 1949.

They are chiefly concerned with the prohibition of certain employments, such as lather-boy, billiards marker, lift boy, etc., or in connection with the sale of intoxicating liquors, programmes, refreshments, etc., and regulations are laid down as to the hours of employment in allowed occupations.

Street trading is prohibited to girls under the age of 18 years and to boys under 16 years, and licences are issued to those who are allowed to be engaged or employed in this manner.

HOSPITAL CAR SERVICE.

On 5th July the County Council became responsible for the conveyance of persons suffering from illness or mental defectiveness, or expectant or nursing mothers from places in the county to places in or outside the County. Patients able to travel as sitting cases are conveyed by the Hospital Car Service which continues to be manned entirely by volunteers.

As is the case with other members of the community, school children are conveyed to and from hospitals and clinics, when by virtue of illness they are unable to travel by public transport.

HYGIENIC CONDITIONS OF SCHOOLS.

During 1948, the assistant county medical officers reported twenty-one schools with hygienic defects. These have been investigated by the County Sanitary Officer and his staff and the necessary action has been taken.

Conditions in the modern and grammar schools in the county are fairly satisfactory, but as mentioned in last year's report, many of the smaller primary schools are overcrowded and the sanitation and water supply of some of the rural schools is still almost non-existent.

The defects dealt with during the year included such items as defective lavatories, inadequate water supply and washing facilities, structural repairs, etc.

The recent changes in the education system have increased the problems in some schools and alleviated them in others, but the complete picture will not be revealed until a survey of the schools, which will be carried out in the near future, has been completed.

Although economic factors govern the matter to a large extent, the inadequacy of main water and sewerage facilities in many parts of the county provides the main reason for the extensive use which is still being made of conservancy.

The school meals service, while excellent in itself, has increased the water supply and drainage problems at many of the schools. The canteens are, however, carefully supervised by the medical and sanitary officers of the various county districts, as well as by the County staff, with particular regard to the prevention of infectious diseases and food poisoning. Fortunately, no cases of food poisoning were reported in connection with any of the school canteens in the county during 1948.

STATISTICAL APPENDIX

TO THE SCHOOL MEDICAL OFFICER'S REPORT.

YEAR ENDED 31st DECEMBER, 1948.

The figures relate to the whole County.

TABLE I.

Medical Inspection of Pupils attending maintained primary and secondary schools.

A. *Periodic Medical Inspections.*

Number of inspections in the prescribed groups:—	
Entrants	3,582
Second age group	3,252
Third age group	1,994
Total ...	8,828
Number of other periodic inspections	563
Grand Total	9,391

B. *Other Inspections.*

Number of special inspections ...	3,347
Number of re-inspections	3,183
Total ...	6,530

C. *Pupils found to require treatment.*

Group. (1)	*For defective vision (excluding squint).* (2)	*For any of the other conditions recorded in Table II A.* (3)	*Total individual pupils.* (4)
Entrants	61	486	541
Second age agroup	214	318	511
Third age group	149	196	317
Total (prescribed groups) ...	424	1,000	1,369
Other periodic inspections ...	74	119	193
Grand Total	498	1,119	1,562

TABLE II.

A. *Defects found by Medical Inspection in the year ended 31st December, 1948.*

Defect or disease. (1)	*Periodic Inspections.*		*Special Inspections.*	
	No. of defects.		*No. of defects.*	
	Requiring treatment. (2)	*Requiring to be kept under observation, but not requiring treatment.* (3)	*Requiring treatment.* (4)	*Requiring to be kept under observation, but not requiring treatment.* (5)
Skin	41	2	204	1
Eyes—(*a*) Vision	563	59	77	17
(*b*) Squint	79	16	10	—
(*c*) Other	46	16	20	2
Ears—(*a*) Hearing ...	4	4	7	1
(*b*) Otitis Media ...	24	9	43	—
(*c*) Other	9	5	16	1
Nose or throat	287	282	56	39
Speech	26	19	18	2
Cervical glands	12	37	3	2
Heart and circulation ...	11	59	5	3
Lungs	19	62	9	5
Developmental:—				
(*a*) Hernia	5	5	1	—
(*b*) Other	15	34	2	2
Orthopaedic:—				
(*a*) Posture	142	86	28	18
(*b*) Flat foot	272	46	49	9
(*c*) Other	168	19	31	7
Nervous system:—				
(*a*) Epilepsy	3	—	1	—
(*b*) Other	3	5	—	2
Psychological:—				
(*a*) Developmental ...	17	14	93	—
(*b*) Stability	9	15	1	3
Other	39	73	1,448	4

B. *Classification of the general condition of pupils inspected during the year in the age groups.*

Age Groups. (1)	*Number of pupils inspected.* (2)	*A. (Good).*		*B. (Fair).*		*C. (Poor).*	
		No. (3)	*% of Col. 2.* (4)	*No.* (5)	*% of Col. 2.* (6)	*No.* (7)	*% of Col. 2.* (8)
Entrants	3,582	1,770	49.41	1,700	47.46	112	3.13
Second age group ...	3,252	1,411	43.39	1,764	54.24	77	2.37
Third age group ...	1,994	1,030	51.65	925	46.39	39	1.96
Other periodic inspections	563	311	55.24	239	42.45	13	2.31
Total ...	9,391	4,522	48.15	4,628	49.28	241	2.57

TABLE III.

Treatment Tables.

Group I. Minor Ailments (excluding uncleanliness, for which see Table V).

	Number of defects treated, or under treatment during the year.
(*a*) Skin:—	
Ringworm—scalp:—	
(i) X-ray treatment	9
(ii) Other treatment	6
Ringworm—body	38
Scabies	82
Impetigo	168
Other skin diseases	110
Eye disease ... ... (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	316
Ear defects	302
Miscellaneous ... ... (e.g. minor injuries, bruises, sores, chilblains, etc.).	3,763
Total ...	4,794
(*b*) Total number of attendances at Authority's minor ailments clinics	21,210

Group II. Defective Vision and Squint (excluding eye disease treated as minor ailments—Group I).

	Number of defects dealt with.
Errors of Refraction (including squint)	1,931
Other defect or disease of the eyes (excluding those recorded in Group I)	225
Total ...	2,156
No. of pupils for whom spectacles were (*a*) prescribed	1,378
(*b*) obtained	453

Group III. Treatment of defects of Nose and Throat.

	Total number treated.
Received operative treatment:—	
(*a*) for adenoids and chronic tonsilitis	593
(*b*) for other nose and throat conditions	23
Received other forms of treatment	238
Total ...	854

Group IV. Orthopaedic and Postural Defects.

(*a*) No. treated as in-patients in hospitals or hospital schools	54
(*b*) No. treated otherwise, e.g. in clinics or out-patient departments	1,531

Group V. Child Guidance treatment and Speech Therapy.

No. of pupils treated (*a*) under child guidance arrangements	88
(*b*) under speech therapy arrangements	144

TABLE IV.

Dental Inspection and Treatment.

(1) Number of pupils inspected by the authority's dental officers:—	
(*a*) Periodic age groups	24,432
(*b*) Specials	934
(*c*) Total (periodic and specials)	25,366
(2) Number found to require treatment	15,782
(3) Number actually treated	11,563
(4) Attendances made by pupils for treatment	21,932
(5) Half-days devoted to (*a*) inspection	258
(*b*) treatment	3,489
Total (*a*) and (*b*)	3,747

(6) Fillings: Permanent teeth		13,410
Temporary teeth		1,954
	Total ...	15,364
(7) Extractions: Permanent teeth		2,442
Temporary teeth		11,041
	Total ...	13,483
(8) Administration of general anaesthetics for extractions		3,186
(9) Other operations: (*a*) Permanent teeth		6,516
(*b*) Temporary teeth		2,185
	Total (*a*) and (*b*)	8,701

TABLE V.

Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	91,222
(ii)	Total number of individual pupils found to be infested	1,013
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

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